

Individual Authorized to Sign on Behalf of Entity: Printed Name and Title

Adult-Use Licensing | Licensing Division Cannabis Regulatory Agency P.O. Box 30205 Lansing, MI 48909 Telephone: (517) 284-8599

CRA-AdultUseLicensing@Michigan.gov

CONSENT TO PUBLISH LICENSEE PUBLIC CONTACT INFORMATION

The Cannabis Regulatory Agency (CRA) is requesting authorization to post licensee contact information on the public CRA website in an effort to make it easier for the public to communicate with licensees.

Please indicate below whether the applicant/proposed licensee consents to public contact information for the licensee being posted on our website upon licensure.

	I, on behalf of the applicant/proposed licensee, consent to the CRA publishing the following published for the applicant/proposed licensee on the CRA website upon licensure (select all that apply and information):		0
		Public Contact Person's Name:	
		Telephone Number:	
		Email Address:	
		Website Address:	
		of the applicant/proposed licensee, do not consent to the CRA oposed licensee on the CRA website upon licensure.	publishing public contact information for the
Ap	plicant Entity/Pr	oposed Licensee Name or Sole Proprietor Name	Date
Sig	gnature of Indiv	dual Authorized to Sign on Behalf of Entity	

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